Aligning research core outcome set development with clinical care performance measurement

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Data is paramount in health care. What specialty or practice setting a clinician works in does not matter; data, specifically clinically relevant outcomes data, drives patient care. It is essential for research and the evolution of our health care system. Almost every large industry has recognized the importance of outcomes data and have implemented robust data analytics initiatives to continually refine and improve their work.[1] Health care is unfortunately behind the power curve. However, there are several reasons for this, the most prominent being lagging technology in our electronic medical record systems, blocks in data sharing, and lack of data standards and definitions for outcomes measurement. In a recent article, *Better value in health care requires focusing on outcomes*, the authors reinforce this need for data standards and outcome measures that truly measure our value.[2]

This initiative needs to be done in the bigger house of medicine to unify the specialties for improving care at the population level and by specific specialties to better manage individual patients and disease-specific patient groups. A critical first step in focusing on outcome measurement is to standardize outcome measurement at the research phase of care, as discussed by Prinsen et al.[3] Their article highlights the importance of core outcome sets (COSs) in both clinical and research environments. COSs are defined as a minimum set of the most important outcomes that should be measured and reported in all trials or in clinical practice of specific conditions. They concluded that standardization of outcome reporting would be improved by the development and implementation of COSs. This includes definitions and the core outcome measurement instruments or methods used to measure said core outcomes.

The next necessary step is to harmonize outcome measures in research with performance measures used in clinical care and payment reform. Only by aligning research and clinical priorities through unified data sets and outcome measurement can we truly measure and improve the impact of our interventions and therapies. In their recent article, Najafzadeh and Schneeweiss highlight the overlap between research and clinical disease risk factor measurement, indicating an opportunity to align trial data to the actual target populations, who are often also the study participants.[4]

Health care, whether it be the different specialties or clinicians and researchers, has lived in silos for too long; we need to better collaborate and align our priorities, data, and outcome measurements. The article by Prinsen et al[3] describes a much-needed initiative to unify research outcome measurement for the field of dermatology. This initiative needs to continue into clinical care to shape future performance measurement outcome measures for health care reform. Initiatives such as these will demonstrate the true value of our specialty and, at the same time, drive the evolution of the field of dermatology to improve the care of our patients.

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